

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-012897

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

3129

STATE FILE NUMBER

FILED APR 6 1962

VS 300  
Rev. 4/59

1

2

3

4

5

6

7

8

9

10

11

12

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Louis, Missouri

Length of stay in 1b

5 days

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

St. Luke's Hospital

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

c. CITY OR TOWN

St. Louis

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

4431 South Broadway

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED (Type or print)

First

Jane

Middle

G.

Last

Kuntz

## 4. DATE OF DEATH

Month

March

Day

22

Year

1962

## 5. SEX

F

## 6. COLOR OR RACE

W

## 7. Married

Widowed ☒

## 8. DATE OF BIRTH

12-20-1880

## 9. AGE (last birthday)

81

## 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

## 10b. KIND OF BUSINESS OR INDUSTRY

Own Home

## 11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Alexander Gray

## 13b. MOTHER'S MAIDEN NAME

Elizabeth Currie

## 14. NAME OF HUSBAND OR WIFE

Charles F. Kuntz

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Mrs. H. M. Campbell

## Address

4431 S. Broadway

## 18. CAUSE OF DEATH (Enter only one cause per line)

### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

Carcinoma of the colon

## INTERVAL BETWEEN ONSET AND DEATH

several

months

#### Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

#### DUE TO (b)

#### DUE TO (c)

153.8

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

### PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

## 20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour Month, Day, Year

## 20d. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from December 1961 to March 22, 1962 and last saw her alive on March 21, 1962

Death occurred at 2:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

## (Degree or title)

Benjamin H. Chosh M.D.

## 22b. ADDRESS

3720 Washington Blvd., St. Louis 8

## 22c. DATE SIGNED

3/23/62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

## 23b. DATE

3-26-62

## 23c. NAME OF CEMETERY OR CREMATORY

Oak Grove Cemetery

## 23d. LOCATION (City, town, or county)

St. Louis County, Missouri

## 24. FUNERAL DIRECTOR

## ADDRESS

HOFFMEISTER COLONIAL MORTUARY

SAM

## 25. DATE RECD. BY LOCAL REG.

MAR 23 1962

## 26. REGISTRAR'S SIGNATURE

Carl Smith, M.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

Dr. Benjamin H. Charles  
3720 Washington  
JE. 3-6720

9:30 to 11 P.M.

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Bill C. Branson

Licensed Embalmer No. 4764

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.